

**Nomination form for** 

# SHORT TERM TRAINING SCHOLARSHIP (Public Sector Leadership)

# **OFFICE USE ONLY**

Applicant name:

Country:

Date:

# **SHORT TERM TRAINING SCHOLARSHIPS (STTS)**

Short Term Training Scholarships assist people in the work force to gain knowledge and skills that will help the development of their home country. They play a role in addressing the human resource and development needs of developing countries.

It is important that you correctly fill out all relevant sections in the application form and include all documents listed below. Incomplete forms can cause delays with your application and may also lead to the application missing the closure date. Applications with incomplete documentation will not be considered for a scholarship.

Documents attached to this application must be certified true copies of originals. Where original documents are not in English, you must provide certified true copies of official English translations.

Ensure	that your completed application form includes:
	Signed and completed declaration (page 11)
	Copy of the personal pages of your passport.
	Copy of your curriculum vitae.
	Copy of International English proficiency test results (e.g. IELTS or TOEFL) or confirmation
	of English Language ability by Post.
	Current job description stating your position and outlining your responsibilities and
	duties, if you are employed.
	Recent passport style photograph.



SECTION ONE: PERSONAL INFORMATION			
Please note that your fan as the official names in yo			
First name(s)			
Family name (surname)		Attach a recent passport sized photograph of	
Gender	☐ Male ☐ Female	yourself	
Date of birth	(dd/mm/yyyy)		
Place of birth			
Country of citizenship		Please list second country	
2 <sup>nd</sup> country of citizenship		if you have dual citizenship	
Do you have permanent residency	☐ Yes ☐ No		
status in any other country?	If yes, please list:		
Have you applied for permanent residency	□ Yes □ No		
status in any other country?	If yes, please list:		
Passport number	Passport expiry		
ability to participate in the psychiatric condition, ast motor disability or significant condition.	ness or disability that might affect your e proposed study programme (for example, hma, diabetes, significant visual impairment, cant hearing loss)? A 'Yes' answer will not ccessfully obtaining a scholarship.	□ Yes □ No	
If you have answered 'Yes', please provide brief details of the illness or disability and any special requirements or support you may require to complete your study programme on a separate sheet of paper. Please attach a copy of your doctor's assessment of your needs.			
<b>Applicant contact details:</b> Please give an address where you can be contacted when a decision on your scholarship is reached. You may not be offered a scholarship if you cannot be contacted.			
Number and street name			
PO Box number			
Suburb/village			
Town/city			
District/Province			
Country			
Post code			



Home telephone number				
Work and/or mobile				
phone number Email address (enter more than one if relevant)				
Emergency contact deta	nils: Name someone we can contact	in an emergency		
Name				
Relationship to you				
Number and street name				
Suburb/village				
Town/city				
Country and post code				
Home telephone number				
Work and/or mobile phone number				
Email address				
SECTION TWO Designs	. Calculation			
	SECTION TWO: Previous Scholarships			
List any scholarships you have previously received funded by the New Zeals Government.  Include the name and duration of the scholarship/s, the				
qualification or course undertaken, and the dat completed.	e			
SECTION THREE: CURRE	NT STUDY/WORK			
	☐ Working (full-time)	☐ Working (full-time) and studying at tertiary level (part-time)		
List your current occupation	☐ Working (full-time) and studying at tertiary level (full-time)	☐ Studying at tertiary level		
	☐ Not studying or working			



SECTION FOUR: WORK HISTORY				
You must have public sector or relevant sector work experience to apply for this course:				
- Minimum work	experience of 2 years for Senior-Leve	el course		
- Minimum work	- Minimum work experience of 5 years for Mid-Level course			
Current position title				
Organisation				
Start date (month/year)				
Tick one box that identifies one employment sector most similar to your current area of work listed below.				
Employment sector	<ul> <li>☐ Government (Public Sector)</li> <li>☐ Renewable Energy</li> <li>☐ Agriculture</li> <li>☐ Disaster Risk Management</li> </ul>			
What type of	☐ Government	☐ Private company		
organisation do you work for?	☐ Self-employed	☐ Community/Non-Government Organisation		
	☐ Other (please state):			
Briefly describe the work of your organisation.				



SECTION FIVE: PREVIOUS TRAINING					
Please provide details of the last two training courses you attended in your country or in another country. List your most recent training course first.					
Name of training course/qualification:					
Institution/organisation:					
Country:					
Start date (month/year)		End date (month/year)			
Who funded this training	. □ Self-funded or family funded	☐ Home government	☐ New Zealand government/New Zealand Aid Programme		
	☐ Another government	☐ Church or community	☐ International organisation		
	☐ Other (please spe	cify):			
Name of training course/qualification:					
Institution/organisation:					
Country:					
Start date (month/year)		End date (month/year)			
Who funded this training	☐ Self-funded or family funded	☐ Home government	☐ New Zealand government/New Zealand Aid Programme		
	☐ Another government	☐ Church or community	☐ International organisation		
	☐ Other (please spe	cify):			
SECTION SIX: ENGLISH LANGUAGE COMPETENCY					
In order to be selected for this course, you must have a level of English language proficiency.					
If available, please attach original copies of your test results to this application form.					
Is English your first	□ Yes □ No				
language?	If you answered No, plea please go to Section Seve	f you answered No, please complete this section. If you answered Yes,			
Have you been taught	picase 80 to section seve				
in the medium of	☐ Yes ☐ No				



If 'yes', tick the boxes	☐ Primary school	☐ Junior	☐ Senior secondary/
at the level you have		secondary/high	high school
been taught in English		school	
	☐ Undergraduate	☐ While training for	☐ Other (please
	or postgraduate	my job	specify):
	level		
Include details below of any IELTS (International English Language Testing System) academic tests you have undertaken.  Please also attach the original copy of the results to this application form.			
IELTS date of test		IELTS overall score	
IELTS listening band		IELTS reading band	
IELTS writing band		IELTS speaking band	
Include details TOEFL (Test of English as a Foreign Language) test you have undertaken. This should be EITHER an Internet-based TOEFL score OR a Paper-based TOEFL score.  Please also attach the original copy of the results to this application form.			
TOEFL date of test		Test of Written English (TWE) score	
Internet-based TOEFL		Paper-based TOEFL	
score		score	
If you have completed an IELTS/TOEFL test but are waiting for results, please send the results when			
available.			
Date results available:			



SECTION SEVEN: PROPOSED STUDY PROGRAMME			
Name of study programme:	ASEAN STTS Public Sector Leadership 2018  Course 1 – Senior Level: 27 August – 7 September 2018  Course 2 – Mid Level: 5 November – 30 November 2018		
What are the learning outcomes you hope to achieve from your training?  • Please include a description of any particular skills and	Outcome:		
<ul> <li>knowledge you and your organisation want to gain from your training.</li> <li>Please be as specific as possible.</li> </ul>	Outcome:		
	Outcome:		
How will the outcomes you hope to achieve benefit others in your organisation and the country you are working in?			
	☐ Government – Administration ☐ Government – operations or service delivery ☐ Government – Policy ☐ Private Sector ☐ NGO ☐ Other		
Please indicate the area of work you will return to on completion of your training.			



SECTION EIGHT: EMPLOYER INFORMATION				
This section must be completed (in English) by your employer.				
Organisation name				
Address				
Telephone Number				
Email address				
are accurate, and do	Do you confirm that the details provided in Sections Four and Five of this application are accurate, and do you support the applicant's application for a Short Term			
Are there any other comments you would like to make in support of this application?				
Authorising official's full name				
Position				
Signature Date		Off	icial Stamp	)
(dd/mm/www)				



## SECTION NINE: SHORT TERM TRAINING SCHOLARSHIP DECLARATION

## **Conditions of Scholarship**

If your application is successful and you are offered a Short Term Training Scholarship, you will be asked to sign a declaration which confirms that you understand and agree to certain conditions before accepting the scholarship. Some of these conditions are listed below. Contact the New Zealand Diplomatic Post in your country for a full listing of these conditions.

In accepting, you will be asked to:

- agree to undertake your approved course of study full time and comply with the regulations of the training/education provider and MFAT's Short Term Training Scholarship conditions;
- agree to make every effort to achieve satisfactory progress in your training programme in accordance with the training objectives and standards set by the New Zealand Aid Programme and the training/education provider;
- agree to accept no paid employment while in New Zealand except where it is an agreed component of your training programme;
- agree to assist with the monitoring and evaluation of the scholarship scheme while on scholarship or following completion of your scholarship;
- agree to ensure your immigration visa and passport are kept current for the duration of your study or training;
- agree return to your home country of residence within fourteen days of the final completion date of your scholarship;
- agree to notify the organisation administering your scholarship of any change in circumstances which may affect your ability to continue with or complete your training programme within the time allowed for the scholarship;
- agree to the study programme included in the Letter of Scholarship Offer and the fact that this must not be changed without the prior written approval of MFAT;
- agree to obey the laws of New Zealand and maintain an acceptable standard of conduct while in New Zealand:
- agree that the New Zealand Government is not responsible for any of your actions during the term of your scholarship;
- agree that you will not apply for permanent residency of any country including New Zealand during the scholarship period or within one year of scholarship completion;
- agree that you will leave New Zealand within 14 days of completion of your training programme and return directly to your home country for a minimum period of one year, in order to utilise the knowledge you have gained through your scholarship to contribute toward the social and/or economic development of your home country;
- agree that you will not apply for a visa (excluding a short term visitor visa) to re-enter
   New Zealand within one year of scholarship completion.



#### Declaration

#### I understand that:

- 1. This scholarship may be administered through an organisation contracted to the Ministry of Foreign Affairs and Trade's New Zealand Aid Programme and that any requests for information or advice about this scholarship should be directed to that organisation in the first instance.
- 2. That the law of New Zealand will apply to any agreement between myself and the New Zealand Government.

### I confirm and declare that:

- 1. I agree to the release of information in this application form and information relating to the scholarship or study to relevant authorities, in accordance with the New Zealand Privacy Act 1993, to enable placement in an education institution, consideration for a scholarship, collection of academic progress reports and results, and the ongoing administration and monitoring of the scholarship;
- 2. I agree to the exchange of information between MFAT and authorities such as Immigration New Zealand (regarding your immigration status) or any other relevant government agency (e.g. New Zealand Inland Revenue or the New Zealand Qualifications Authority);
- 3. I am not aware of any medical, personal or other circumstances (e.g. disability, illness, family or financial matters), which might prevent me from completing my study within the scholarship term;

I declare that the information provided about and by me in this application for a Short Term Training Scholarship is true, complete and correct to the best of my knowledge. I acknowledge that supplying false or misleading information is a serious offence under the New Zealand Crimes Act 1961 and will result in the New Zealand Ministry of Foreign Affairs and Trade (MFAT) withdrawing a scholarship, if offered.

Full Name	
Signature	
Date	dd/mm/yyyy

